

AMENDMENTS TO THE CLAIMS

Claims 1-114. (Canceled)

115. (Currently Amended) A method for providing surgical access through an intercostal incision, said method comprising:

engaging a rib superiorly adjacent to the intercostal incision with a first rib engaging blade;
engaging a rib inferiorly adjacent to the intercostal incision and ~~an~~ inferiorly opposing the rib superiorly adjacent to the intercostal incision with a second rib engaging blade; and
driving the rib superiorly adjacent to the intercostal incision and the rib inferiorly adjacent to the intercostal incision apart and lifting one of the rib superiorly adjacent to the intercostal incision and the rib inferiorly adjacent to the intercostal incision relative to the other.

116. (Previously Presented) The method of claim 115, wherein said driving is accomplished by a mechanism that operably connects first and second arm members, such that operation of the mechanism to move said arm members away from one another also moves said first and second rib engaging blades away from one another and moves one of said rib engaging blades in an upward direction relative to the other of the rib engaging blades.

117. (Previously Presented) The method of claim 115, wherein said driving comprises superiorly or inferiorly displacing and rotating one of said first and second rib engaging blades relative to the other.

118. (Previously Presented) The method of claim 115, further comprising adjusting a support arm so that a distal end thereof contacts the outside surface of a body of a patient, prior to said driving.

119. (Currently Amended) The method of claim 118, wherein said support arm is rotatably adjustable with respect to one of first and second arm ~~arms~~ members, wherein said first and second rib engaging blades are located at distal ends of said first and second arm members.

Claims 120-121. (Canceled)

122. (Previously Presented) A method for providing surgical access through an intercostal incision, said method comprising the steps of:

inserting a first rib engaging blade into the incision and under at least one rib adjacent to the incision;

adjusting a sternal pad downwardly on top of a chest of the patient by rotating it relative to a blade arm connect to the first rib engaging blade;

inserting a second rib engaging blade into the incision and under at least one rib adjacent to the incision, opposite to, and inferior or superior of the at least one rib under which the first rib engaging blade has been inserted; and

driving said at least one rib on one side of the incision and said at least one rib on the other side of the incision apart and lifting said at least one rib under which said first rib engaging blade was inserted, relative to the at least one rib under which the second rib engaging blade was inserted.

123. (Previously Presented) The method of claim 122, wherein said driving is accomplished by a mechanism that operably connects first and second arm members, such that operation of the mechanism to move said arm members away from one another also moves said first and second rib engaging blades away from one another and moves one of said rib engaging blades in an upward direction relative to the other of the rib engaging blades.

124. (Previously Presented) The method of claim 115, wherein said driving comprises rotating a lever linked to a gear mechanism that drives one of said blades relative to the other of said blades.

125. (Currently Amended) The method of claim 118, wherein said adjusting a support arm comprises rotating said support arm relative to one of said first and second blades, wherein a mechanism interconnecting said support arm and said one of said first and second blades permits rotation of said support arm relative to said one of said first and second ~~blades~~ ~~balance~~ in a first rotational direction, and prevents rotation of said support arm relative to said one of said first and second ~~blades~~ ~~balance~~ in a second rotational direction opposite to said first rotational direction.

126. (New) A method for providing surgical access through an intercostal incision, said method comprising:

engaging a rib superiorly adjacent to the intercostal incision with a first rib engaging blade;
engaging a rib inferiorly adjacent to the intercostal incision and inferiorly opposing the rib
superiorly adjacent to the intercostal incision with a second rib engaging blade; and

operating a mechanism that operably connects first and second arm members that are connected
to said first and second blade, respectively, to move said arm members and said rib engaging blades
away from one another and also move one of said rib engaging blades in an upward direction relative to
the other of the rib engaging blades.